

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G61498** (3)
1. Corporation Name
TRUSCELLO FOODS, INC.

Principal Place of Business 7880 N W 62ND ST MIAMI FL 33168	Mailing Address 7880 N W 62ND ST MIAMI FL 33168-3539
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1983	3a. Date of Last Report 03/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FLE Number 59-2322752	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRUSCELLO, SALVATORE A. 9845 S.W. 90 AVENUE MIAMI FL 33176		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when removing firm.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSCELLO, SALVATORE A	1.2 NAME	
STREET ADDRESS	7880 N W 62ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSCELLO, EDWARD J	2.2 NAME	
STREET ADDRESS	7880 N W 62ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSCELLO, JOSEPH	3.2 NAME	
STREET ADDRESS	7880 N W 62ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSCELLO, EDWARD J JR	4.2 NAME	
STREET ADDRESS	7880 N W 62ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Salvatore A. Truscillo* **Salvatore A. Truscillo** 3/12/97 3:05 PM 1997-002

CR2E034 (9/96)